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ANNUAL REPORT OF OPERATIONS FOR YEAR 2019 Idaho Aquaculture Permit I. Facility Name: NPDES # (ANYON) Operator Name (Permittee): RECEIVED Phone: TRAVIS KREPS 801-940-384 Address: 1681 BLACK CANYON LN, PO BOX 121 Fax: IAN 29 2019 C-RACE ID E-Mail: 83241 TRANSPOBLACKCANYON TROUTEARM, COM Owner Name (if different from operator): EPA - REGION 10 Phone: Office of Compliance and Enforcem 801-940-3841 II. Annual Production: Harvestable weight produced in the year 102,000 pounds Number of pounds of food fed to the fish III. Food Used: during the maximum month: 14,700 LBS pounds IV. Noncompliance Summary: Include description & dates of noncompliance, the reasons for such incident, and the steps taken to correct the problem. Attach additional pages, if necessary. NO PERIOD OF NONCOMPLIANCE REPORTED V. Best Management Practices (BMP) Plan BMP Plan has been reviewed this year. Yes No BMP Plan fulfills the requirements set forth in the permit: / Yes/ No Summarize changes in the BMP Plan since last annual report: NO CHANGES FOR 2018 VI. Land application of solids and/or irrigation with wastewater Attach Maps of Application Sites. (Note: IDAPA 58.01.02.650 requires IDEQ approval for solids disposal on land.) Solids Applied in Wastewater Applied Date Location and Acreage of Application Cubic Yards or Pounds in Gallons JUNE 2019 18 ACRES FARMLAND ON SITE 2,400 LBS MAY-SEPT OFFISITE FARMIAND CONTINIOUS 8CES FLOW THROUGH IRRIGATION Yearly Total

#months/year or Other No DISCHARGE

VII. Offline Settling Basin Discharge Frequency (generally)

#days/wk

#hours/day

2/25 JA

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VIII. Chemical Usage (including pesticides and drugs)										
Chemical	Date or # days used	Maximum concentration in effluent (actual or estimated)								
FORMALIN	300 DAYS	,530 PPM ESTMATED								
OUADINE	60 DAYS	. 215 PPM ESTIMATED								
Potassium Permanganate	21 DAYS	, 0065 PPM ESTIMATED								
WW7 W7* 1 W										
	IX. Fish Importation, Transport, and Release Permits									
	Number of permits issued by Idaho Department of Fish and Game during the year:									
X. Inspections and Repairs for production and wastewater treatment systems										
Date Inspected	Date Repaired	Description of system inspected and/or repaired								
WEEKLY	9-2013	NEW DAM BOARDS FOR DUKE FACILITY								
	1 00.0	TOLOU DAM BOAILUS FOIR LORD THAILING								
		TOES DAM BOAILDS FOR DORD I MALLY								
		TOES DAM BOATEDS FOR DORD THATIS								
XI. Signature &		TOES DAM BOATEDS FOR DOKE THATIS								
"I certify under pena with a system designe of the person or perso the best of my knowle	Certification Ity of law that this document and to assure the qualified persons who manage the system, or dge and belief, true, accurate,	nd all attachments were prepared under my direction or supervision in accordance nnel properly gather and evaluated the information submitted. Based on my inquiry those persons directly responsible for gathering the information, submitted is, to and complete. I am aware that there are significant penalties for submitting false prisonment for knowing violations."								
"I certify under pena with a system designe of the person or perso the best of my knowle	Certification Ity of law that this document and to assure the qualified persons who manage the system, or dge and belief, true, accurate,	nd all attachments were prepared under my direction or supervision in accordance nnel properly gather and evaluated the information submitted. Based on my inquiry those persons directly responsible for gathering the information, submitted is, to and complete. I am aware that there are significant penalties for submitting false								
"I certify under penal with a system designe of the person or perso the best of my knowle information, includin	Certification Ity of law that this document and to assure the qualified persons who manage the system, or dge and belief, true, accurate,	nd all attachments were prepared under my direction or supervision in accordance nnel properly gather and evaluated the information submitted. Based on my inquiry those persons directly responsible for gathering the information, submitted is, to and complete. I am aware that there are significant penalties for submitting false prisonment for knowing violations." Title/Company:								
"I certify under pena with a system designe of the person or perso the best of my knowle information, includin	Certification Ity of law that this document and to assure the qualified persons who manage the system, or dge and belief, true, accurate, g the possibility of fine and im	nd all attachments were prepared under my direction or supervision in accordance nnel properly gather and evaluated the information submitted. Based on my inquiry those persons directly responsible for gathering the information, submitted is, to and complete. I am aware that there are significant penalties for submitting false prisonment for knowing violations."								



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Operations		luction	Inform	ation									
Rearing Unit Number of co Number of ea Waste Mana Offline settlin Numb Number of fu Number of go Other: Number of of Number of of	oncrete ranthen-bot gement 5 ng basins: per of basiner of basin	ins that d ins that d ins that d ittling bas ones: 19	onds: 1 ischarge o not dis sins	charge:	1	area:	ea: 70	 Osaft			Total Numb Raceways: FFSBs: 1 OLSBs: 1 Other:	2	-
Project the r	number o	f operat	ing days	for the fa	acility	on a month	ıly bas	sis th	roughout t	he calend	lar year: Ev	ery Day	365
Month	01	02	03	04	05	06	07		08	09	10	11	12
# of Days	***************************************		***************************************										
Amount of List the spec produced (co design capac	ies of fish ntained, g	produce	d at your held) fo	r the five	year te	rm of the p	ermit,	based	upon histo	orical oper	arvestable we rations, plann	ight in pou	ands s, and/or
Species: Rainbow T			80,0	ear One		Year Tw 0.000	VO	1	(ear Three 000		Year Four 000	Yea	r Five
Project the F Average Maximur	Pounds po n Pounds	per Month	: 7. ith: 9,3	500					s per Year: nds per Yea		00		
Drugs, Di List all proje Put a	ected cher	nicals &	maximu	m daily ar	nounts	expected to ational Nev	be us	ed in nal Di	next 5 year	rs (use an Os)	attachment, i	f necessar	y).
Method o							Units						
Method o	*****	ion: <u>Flov</u>	v Throu	igh	*******************************						2.4mg/l	***************************************	999079997999
Name:	-C 1'				***************************************	***************************************	Ma	ximu	m daily am	ount to be	e used :		
Method Name:	or applica	mon:	***************************************		***************************************								
	of applica	ation:	***************************************		*******************		Ma	ximu	m amount	in effluen	t	***************************************	

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Notice Of Intent (NOI) To Operate Under NPDES General Permit #IDG-130000 for AQUACULTURE FACILITIES in Idaho Subject to Wasteload Allocations

Submission of this document constitutes notice that the party identified under Operator Name intends to be covered by the general permit authorizing discharges from aquaculture activities in Idaho that are subject to wasteload allocations and obligates the operator (permittee) to comply with the terms and conditions of the permit.

Facility Owner/Operator Information						
Operator's Name (Permittee):	Phone:					
Travis Krebs	801-940-3841					
Address: 1681 Black Canyon Ln, PO Box 121	Fax:					
Grace ID, 83241	E-Mail Address:					
	travis@blackcanyontroutfarm.com					
Owner's Name:	Phone:					
Travis Krebs	801-940-3841					
Address Black Canyon Ln,	Fax:					
Po Box 121 Grace Id,83241	E-Mail Address:					
	travis@blackcanyontroutfarm.com					
Facility Information	CONTROL OF THE PROPERTY OF THE					
Facility Name:	Phone:					
BCT, LLC (Black Canyon Trout Farm	801-940-3841					
Address:	Fax					
1681 Black Canyon Ln, Po Box 121	E-Mail Address: travis@blackcanyontroutfarm.com					
Grace Id,83241	County: Caribou					
Facility Manager (or Contact) and Address:	Phone:					
Same as above						
	Fax:					
	E-Mail					
Facility Latitude (New Permittees Only:	Facility Longitude (New Permittees Only)					
(to closest 15 seconds): 42 33 01 N	(to the closest 15 seconds): 111 48 18 W					
NPDES Permit No:	Commercial Fish Rearing License Number:					
IDG130113	(include a copy of the license with this notice) Idaho Commercial Rearing License #9					
Other Numbers(s) Assigned to Facility & Source Waters:	Date Facility was first operated, if known:					
Since Hambers(s) Assigned to Pacific & Source Waters:	Date Facility was in St Operated, it Kilowit:					

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Description of Discharge	And the state of t		200 (1990) 200 (1990) 200 (1990) 200 (1990) 200 (1990)				
Provide a drawing of your operation of Show all outfalls & monitoring local Include all waste stream discharge.	ations.		ns, laboratories, leaks)				
Attach map Include an area map based upon a map Show water sources, points of influ Water sources should include	ent to and discharge from	vey (USGS) with a scale of at leather the facility.	east 1:24,000.				
Name(s) of Receiving Water to which Fa Which TMDL or watershed plan provides What is the pollutant(s) allocated? TSS,	your wasteload allocatio	River n? Bear river Basin And amount(s) allocated? Sec	e IDG 130000 table 5 units				
Name of Larger Stream/River Downstr	eam:						
Water Sources & Flow through th	e Facility & Time Po	riod					
For each source, indicate minimum & may (e.g., 12 cfs minimum, & 15 cfs max)	kimum flow and the period imum between June 15 &	d in which that source contribu September 30 in a typical year	utes the flow r from True Springs)				
Primary Source: Spring	Min Flow: 12cfs	Max Flow: 28cfs	Period: July 15-Mar 1				
Secondary Source:	Min Flow:	Max Flow:	Period:				
Signature & Certification by auth	orized representative	for permittee (see Section)	VII.E of the Permit):				
"I certify under penalty of law that supervision in accordance with a sy evaluated the information submitte or those persons directly responsib my knowledge and belief, true, acc submitting false information, inclu-	Astem designed to assign d. Based on my inquite for gathering the interact, and complete.	ure the qualified personned iry of the person or person aformation, the information. I am aware that there are	el properly gather and ns who manage the system, on submitted is, to the best of significant penalties for				
gnature: Title/Company:							
Tun Han	BCT, Property LLC DBA Black Canyon Trout Farm						
Print Name:	D	ate:	Check One:				
Travis Krebs 6/20/2018 Owner X Operator X							
			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				

Black Canyon Trout Farm IDG130113 Po Box 121 Grace, ID 83241 801-940-3841

**RECEIVED** 

JAN 29 2019

Jan 15, 2018

US EPA 1200 6th AVE, suite 900 Seattle WA, 98101

To whom it may concern,

Enclosed is my 2018 annual report of operations, I have also included an updated NOI to reflect our current production.

Thanks, Travis Krebs EPA - REGION 10 Office of Compliance and Enforcement